

For Office Use Only	

Solid Waste Handling APPLICATION FOR PERMIT

The undersigned hereby makes application for a Solid Waste Handling Permit to operate as a solid waste handling facility within the jurisdictional boundaries of Clark County, Washington. The undersigned also

acknowledges that this application is made pursuant to solid waste handling provisions set forth in the Rules and Regulations as now are or hereinafter adopted by the Clark County Board of Health.						
Facility Name City of Battle Ground Decant Facility						
Contact Name Chad Schwatka Contact Phone (360) 342-5068						
Contact Email Address chad.schwatka@cityofbg.org						
Facility Type _Interim Handling Solid Waste - Stormwater Decant						
Location Address 1308 SE Grace Ave, Battle Ground, WA 98604						
Mailing Address 109 SW 1st St, Suite 127, Battle Ground, WA 98604						
Phone Number (360) 342-5375 Fax Number ()						
Email Address _todd.klein@cityofbg.org						
Legal Owner _ City of Battle Ground						
Mailing Address 109 SW 1st St, Suite #217, Battle Ground, WA 98604						
Phone Number (360) 342-5075 Email Address mark.herceg@cityofbg.org						
This application is made in good faith and with full understanding of the regulations relating hereto and with the understanding that the permit to be received as a result of this application will be issued to the named applicant only and is non-transferable.						
Signature of Applicant Mark Herceg Date_Jun 16, 2022						
On or before February 28 th , submit the completed application and permit fee to the mailing address above. <i>Note:</i> Annual reports are due to CCPH and ECY on or before April 1 st .						
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ID#	Date Paid	Amount Paid	Receipt #

CCPH SWPermit Application - 06.17.22

Final Audit Report 2022-06-16

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By: Chad Schwatka (Chad.Schwatka@cityofbg.org)

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